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**TECH CENTER 1600/2900** 

USSN: 09/546,201 Dkt. No.: PP01463.002

2300-1463

**PATENT** 

CERTIFICATE OF MAILING PURSUANT TO 37 CFR § 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 26, 2003.

11/26/03

Date

Signature

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

POLO et al.

Serial No.: 09/546,201

Filing Date: April 10, 2000

Title: ENHANCEMENT OF THE IMMUNE

RESPONSE FOR VACCINE AND GENE

THERAPY APPLICATIONS

Examiner: S. Foley

Group Art Unit: 1648

Confirmation No.: 3605

Customer No.: 20855

#### TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450
Alexandria, VA 22313

Sir:

Transmitted herewith for filing, please find the following documents:

- <u>x</u> Amendment (22 pages) with attached marked-up copy of Figure 6 (1 pg) and new Figure 6 (1 pg).
- $\underline{x}$  Petition for Extension of Time (2 pg).
- x Statement to Support Filing and Submission in Accordance with 37 C.F.R. §§ 1.821-1.825 (1 pg) with attached diskette and sequence listing (21 pages).
- x Check in the amount of \$110.00, Return receipt postcard.

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### The fee is calculated as follows:

|  | NO. OF<br>CLAIMS | CLAIMS<br>PREVIOUSLY<br>PAID FOR | EXTRA<br>CLAIMS | RATE      | FEE      |
|--|------------------|----------------------------------|-----------------|-----------|----------|
| Total Claims   | 17               | - 20                             | 0               | x \$18.00 | \$0      |
| Independent<br>Claims  | 1                | - 3                              | 0               | x \$86.00 | \$0      |
| Multiple dependent claims not previously presented, add \$290.00 |                  |                                  |                 |           | \$0      |
| Total Amendment Fee  |                  |                                  |                 |           | \$0      |
| Petition for Extension of Time Fee                               |                  |                                  |                 |           | \$110.00 |
| Small Entity Reduction (if applicable)                           |                  |                                  |                 |           | \$0      |
| TOTAL FEE DUE  |                  |                                  |                 |           | \$110.00 |

### X A check for \$110.00 is attached.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 18-1648.

Respectfully submitted,

Date: November 26, 2003

Roberta L. Robins

Registration No. 33,208 Attorney for Appellants

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